## Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **CANDIDATE / OFFICEHOLDER** 3985 FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 ACCOUNT # The C/OH INSTRUCTION GUIDE explains how to complete 2 Total pages filed: (Ethics Commission filers) this form. CANDIDATE / OFFICEHOLDER OFFICE USE ONLY Elisa NAME Date Received NICKNAME SUFFIX ANGET CANDIDATE / ADDRESS / PO BOX; OFFICEHOLDER Spicewood Springs RO # 1702 4411 **ADDRESS** AUSTIN, TX 78759 Change of Address **CAMPAIGN** Receipt # TREASURER KERRY NAME HD / PM Amount NICKNAME SUFFIX Date Processed HARDY Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CAMPAIGN CITY: STATE: ZIP CODE TREASURER 6002 Ironwood Cove ADDRESS (Residence or business) Austin TX 78759 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 345 6974 (512) 8 REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) PERIOD Month COVERED THROUGH 01/30/98 02/28/98 10 ELECTION **ELECTION DATE** ELECTION TYPE Month 03/10/98 Primary Runoff General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Justice of The Peace 13 DIRECT Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. CAMPAIGN Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. EXPENDITURE BY OTHER INDIVIDUALS Address / PO Box; Apt. / Suite #: additional pages

Market in a

CANDIDATE /	OFFICEHO	LDER	<b>REPORT:</b>
SUPPORT & 1	TOTALS	• • •	· •

FORM C/OH

SUPPORT	& IOIAL	<b></b>	COVER SHEET PG 2			
14 C/OH NAME	sa Angel		15 ACCOUNT # (Ethics Commission filers)			
16 SUPPORTING POLITICAL COMMITTEE(S)	This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages	8 × 4 × ×	COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affidavit bald	w and submit pages 1 and 2 only.}			
18 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1.00			
	2. TOTAL (OTHER	\$ 201.00				
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	OF \$50 OR LESS, UNLESS ITEMIZED \$			
	\$ ф					
OUTSTANDING LOAN TOTALS	5. TOTAL I	* <b>\$</b>				
19 AFFIDAVIT						
		I swear, or affirm, under penalty of p is true and correct and includes all ir me under Title 15, Election Code.	· · · · · · · · · · · · · · · · · · ·			
TONI STOUT MY COMMISSION EXPIRES April 23, 2000						
Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEAL ABOVE						
Swom to and subscribed before me, by the said <u>Elisa Angel</u> this the <u>3</u> day of <u>March</u>						
19 98 to certify which, witness my hand and seal of office.						
Signature of officer administering oath  Toni Stout  Notary  Title of officer administering oath						

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## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME	Elisa Angel		3 ACCOUNT # (EII	ncs Commission filers)
4 Date	5 Full name of contributor Alexandra Le	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
2 8 18	6 Contributor address: City: State: Zip Code 11511 Toledo Drive Awtin ITX 78759	•••••	\$50.00	-
9 Principal occu	pation	10 Employer (option	ai)	
Date	Full name of contributor  DAVE PECK	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
2/13/98	Contributor address; City; State; Zip Code 6504 Brownwood Ct. Austin TX 78731	•••••••••••••••••••••••••••••••••••••••	\$25.00	
Principal occupation		Employer (optional)		
Date	Full name of contributor  PATRICIA A. ANGEL	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
2/19/98	Contributor address: City: State: Zip Code  4002 PARAGNAY CIRC		\$100.00	
	PASADENIA, TX 77504			! !
Principal occupation		Employer (optional)		
Date	Full name of contributor  CHRISTINA ANGEL	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
2/19/98	Contributor address: City; State; Zip Code 4002 PARABUAY CINC PASADENA, TX 77504	:LE	\$25.00	 
Principal occupation		Employer (optional)		
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	in-kind contribution description(if applicable)
	Contributor address; City; State, Zip Code	•••••		
Principal occu	pation	Employer (option	al)	1
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